

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

5293

CERTIFICATE OF DEATH

REGISTRAR'S NO.

991

BIRTH NO.

11 05  
CE OF DEATH  
4 AND 33  
AL RESIDENCE  
1305

DECEDENT  
PERSONAL  
DATA 171

CAUSE  
OF  
DEATH  
(ITEM 18)

PERATIONS,  
AUTOPSY

MEDICAL  
RTIFICATION

DEATH  
DUE TO  
EXTERNAL  
VIOLENCE

CORONER'S  
RTIFICATION

FUNERAL  
DIRECTOR  
AND  
REGISTRAR

1. PLACE OF DEATH A. COUNTY Pima		B. LENGTH OF STAY IN THIS TOWN 3 wks IN ARIZONA 3 wks		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Graham	
C. CITY OR TOWN Tucson		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Safford <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION Southern Pacific San.				D. STREET ADDRESS 1603 First Ave.	
3. NAME OF DECEASED (TYPE OR PRINT) William Yates Anglin			4. SEX M	5. COLOR OR RACE W	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed
6B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH 12 DAY 8 YEAR 82	8. AGE (IN YEARS LAST BIRTHDAY) 71	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS. HOURS MIN.
9B. KIND OF BUSINESS OR INDUSTRY Railroad		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arkansas	11. CITIZEN OF WHAT COUNTRY? U.S.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (VER. NO. OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) None	13. SOCIAL SECURITY NO. —
14A. FATHER'S NAME Willis S. Anglin		14B. BIRTHPLACE (STATE OR COUNTRY) Tenn.	15A. MOTHER'S MAIDEN NAME Callie West		15B. BIRTHPLACE (STATE OR COUNTRY) Arkansas
16. INFORMANT'S SIGNATURE J. Anglin			17. DATE OF DEATH (MONTH) September (DAY) 7 (YEAR) 1954		
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 54/10		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Gastrointestinal Hemorrhage DUE TO (B) Duodenal ulcer DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS: Cerebrovascular Accident CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture Neck of Femur			INTERVAL BETWEEN ONSET AND DEATH 2 days unknown
19A. DATE OF OPERATION 8/19/54		19B. MAJOR FINDINGS OF OPERATION Fracture neck of Femur - Smith Peterson Nailing			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 8/15/54, TO 9/7/54, THAT I LAST SAW THE DECEASED ALIVE ON 9/7/54, AND THAT DEATH OCCURRED AT 9:54 AM M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
22A. SIGNATURE James W. Leitch, MD (DEGREE OR TITLE)			22B. ADDRESS S.P. Hospital - Tucson, Ariz. 9/7/54		
23A. ACCIDENT (SPECIFY) Accident		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) Safford (COUNTY) Graham (STATE) Arizona	
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY 8 15 1954 2A. M		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR? Accidental fall	
24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED
25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		25B. DATE 9-7-54		25C. NAME OF CEMETERY OR CREMATORY	
26A. DATE REC'D BY LOCAL REG. 9-7-54		26B. REGISTRAR'S SIGNATURE		26C. FUNERAL DIRECTOR'S SIGNATURE Verna E. Yocum, Arizona Mortuary, Tucson	
27A. DATE REC'D BY LOCAL REG. 9-7-54		27B. ADDRESS		27C. DATE SIGNED	